



Complete Summary

TITLE

Obstetrics: percentage of women delivering vaginally following a previous primary caesarean section.

SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Use of Services

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of women delivering vaginally following a previous primary caesarean section.

RATIONALE

This indicator monitors mode of birth in those women who have had a previous primary caesarean section and no other vaginal births. With caesarean section rates continuing to increase to the highest level in history, the issue of whether it is safe to have a vaginal birth after caesarean section (VBAC) is of the highest importance. There is evidence that repeat caesarean section can be associated with significant morbidity for women but VBAC carries increased risks for the baby when compared with repeat elective caesarean section. The indicator is designed to monitor the incidence of VBAC in women whose previous pregnancy ended in caesarean section.

PRIMARY CLINICAL COMPONENT

Obstetrics; vaginal birth after caesarean section (VBAC)

DENOMINATOR DESCRIPTION

Total number of women delivering who have had a previous primary caesarean section and NO intervening pregnancies greater than 20 weeks gestation (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Total number of women delivering vaginally following a previous primary caesarean section (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE VALUE OF MONITORING USE OF SERVICE

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Monitoring and planning

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Australian Council on Healthcare Standards (ACHS). Australasian clinical indicator report 2001-2007. Determining the potential to improve quality of care: 9th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2008. 611 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Monitoring and planning

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Not within an IOM Care Need

IOM DOMAIN

Not within an IOM Domain

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Women delivering who have had a previous primary caesarean section and NO intervening pregnancies greater than 20 weeks gestation

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of women delivering who have had a previous primary caesarean section and NO intervening pregnancies greater than 20 weeks gestation

Refer to the original measure documentation for specific International Classification of Diseases, Tenth Revision, Australian Modification (ICD-10-AM) codes.

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of women delivering vaginally following a previous primary caesarean section

Refer to the original measure documentation for specific International Classification of Diseases, Tenth Revision, Australian Modification (ICD-10-AM) codes.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Does not apply to this measure

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Undetermined

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Indicator area 2: vaginal delivery following caesarean section (VBAC) CI 2.1.

MEASURE COLLECTION

[Australian Council on Healthcare Standards \(ACHS\) Equip Clinical Indicators](#)

MEASURE SET NAME

[Obstetrics Indicators](#)

DEVELOPER

Australian Council on Healthcare Standards

FUNDING SOURCE(S)

Funding is direct Australian Council on Healthcare Standards (ACHS) funding sourced through our membership. ACHS does not receive external funding from the government or other sources.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Our terms of reference dictate the composition of the working parties that develop our indicators and include the following:

- Two Clinicians -- nominated by the relevant specialty college/association/society, one nominated to be the chair of the working party
- Private Hospital Representative -- nominated by the Australian Private Hospital Association

- Consumer Representative -- nominated by the Consumer Health Forum of Australia
- Coding Representative -- nominated by the National Centre for Clinical classification on Health
- Quality Health New Zealand, nominated by QHNZ (if applicable)
- Epidemiological/Clinical Research Representative, Director of Health Services Research Group, University of Newcastle
- Australian Council on Healthcare Standards (ACHS) Representatives -- Clinical Director, Coordinator, Administrative Assistant
- Other Expert Stakeholders, as required

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1995 Jan

REVISION DATE

2009 Jan

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2008. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2007 Dec. 776 p.

SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

MEASURE AVAILABILITY

The individual measure, "Indicator Area 2: Vaginal Delivery Following Caesarean Section (VBAC) CI 2.1," is published in "ACHS Clinical Indicator Users' Manual 2009."

For more information contact, the Australian Council on Healthcare Standards (ACHS), 5 Macarthur Street, ULTIMO NSW 2007; Phone: (02) 9281 9955; Fax: (02) 9211 9633; E-mail: pos@achs.org.au; Web site: www.achs.org.au.

COMPANION DOCUMENTS

The following is available:

- Australian Council on Healthcare Standards (ACHS). Australasian clinical indicator report 2001-2007. Determining the potential to improve quality of care: 9th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2008. 611 p. This document is available in Portable Document Format (PDF) from the [Australian Council on Healthcare Standards \(ACHS\) Web site](#).

NQMC STATUS

This NQMC summary was completed by ECRI Institute on October 21, 2008. This NQMC summary was updated by ECRI Institute on June 30, 2009.

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